

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10-584 791* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5	①			1		
6	①	①		1		
7	①		1			
8	①			1		
9	①		1			
10	1		1			
11	1		1			
12	2		1			
13	⑥		1			
14	①	1				
15	①		1			
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TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	17		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						